

DISTRIBUTED BY THE NEBRASKA STATE EDUCATION ASSOCIATION.
VOTE BY MAIL APPLICATION DEADLINE: FRIDAY, OCTOBER 28, 2022.

YOU MAY SUBMIT THIS FORM IF YOU WISH TO REQUEST A BALLOT FOR EARLY VOTING.
YOU DO NOT NEED TO COMPLETE THIS FORM IF YOU HAVE ALREADY REQUESTED A BALLOT FOR EARLY VOTING FOR THIS ELECTION.

! **Applications must be physically signed.** You can take a picture or scan your request and email it to your county election official. You can also mail or fax your application to your county election office.

You can start requesting a ballot 120 days before any election. You must submit your application to have a ballot mailed to you by the close of business on the second Friday before the election. If you have any questions please contact your county election official. You can find contact information for your county election official is on:
sos.nebraska.gov/elections/election-officials-contact-information

Check the status of your early voting ballot on: ne.gov/go/votercheck

NOTE: List of early voters and early voting ballot information such as applications, ballot sent dates and ballot return dates are public record. Any person may request such list of early voters before an election. Neb. Rev. Stat. §32-948

Voter Information	1	Last Name _____ First Name _____ Middle (name or initial) _____ Suffix (Jr, III, if any) _____ Date of Birth (mm/dd/yyyy) <table border="1"><tr><td></td><td></td><td></td><td>/</td><td></td><td></td><td></td><td>/</td><td></td><td></td><td></td><td></td></tr></table> Phone Number(s) _____ Email Address _____				/				/				
			/				/							
Address Where Voter is Registered to Vote	2	Street Address _____ Apartment or Lot (if any) _____ City, State, ZIP _____												
Send Voter's Ballot To (If different from voter's residential address)	3	<input type="checkbox"/> Same as above OR Mailing Address _____ Apartment or Lot (if any) _____ City, State, ZIP _____												
The Voter Requests an Early Voting Ballot for the Following Election	4	<input type="checkbox"/> Statewide General Election <input type="checkbox"/> Special Election on _____												

I hereby declare, under penalty of election falsification, that the above information is true.

Signature of Voter or Agent x _____	Date _____
Printed Name of Agent* (if applicable) _____ <small>*An agent is a person who requests a ballot for another voter. An agent may request ballots for up to two (2) voters per election.</small>	Relationship _____

! **WARNING:** The penalty for election falsification is imprisonment for up to two years imprisonment and twelve months post-release supervision, a fine of up to ten thousand dollars, or both.

Return Completed Application to:	Keith _____ County Election Office 511 N. Spruce, Suite 102 Ogallala, NE 69153 Fax: (308) 284-6277 or Email: clerk@keithcountyne.gov
---	---